0.a. Goal

Goal 5: Achieve gender equality and empower all women and girls

0.b. Target

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

0.c. Indicator

Indicator 5.6.2: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

0.e. Metadata update

March 2021

0.f. Related indicators

Indicator 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

0.g. International organisations(s) responsible for global monitoring

United Nations Population Fund (UNFPA)

1.a. Organisation

United Nations Population Fund (UNFPA)

2.a. Definition and concepts

Definition:

Sustainable Development Goal (SDG) Indicator 5.6.2 seeks to measure the extent to which countries have national laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.

The indicator is a percentage (%) scale of 0 to 100 (national laws and regulations exist to guarantee full and equal access), indicating a country's status and progress in the existence of such national laws and regulations. Indicator 5.6.2 measures only the existence of laws and regulations; it does not measure their implementation.

Concepts:

Laws: laws and statutes are official rules of conduct or action prescribed, or formally recognized as binding, or enforced by a controlling authority that governs the behavior of actors (including people, corporations, associations, government agencies). They are adopted or ratified by the legislative branch of government and may be formally recognized in the Constitution or interpreted by courts. Laws governing sexual and reproductive health are not necessarily contained in one law.

Regulations: are considered to be executive, ministerial or other administrative orders or decrees. At the municipal level, regulations are sometimes called ordinances. Regulations and ordinances issued by governmental entities have the force of law, although circumscribed by the level of the issuing authority. Under this methodology, only regulations with national-level application are considered.

Restrictions: many laws and regulations contain restrictions in the scope of their applicability. Such restrictions, which include, though are not limited to, those by age, sex, marital status, and requirement for third party authorization, represent barriers to full and equal access to sexual and reproductive health care, information and education.

Plural legal systems: are defined as legal systems in which multiple sources of law co-exist. Such legal systems have typically developed over a period of time as a consequence of colonial inheritance, religion and other socio-cultural factors. Examples of sources of law that might co-exist under a plural legal system include: English common law, French civil or other law, statutory law, and customary and religious law. The co-existence of multiple sources of law can create fundamental contradictions in the legal system, which result in barriers to full and equal access to sexual and reproductive health care, information and education.

"Guarantee" (access): for the purpose of this methodology, "guarantee" is understood in relation to a law or regulation that assures a particular outcome or condition. The methodology recognizes that laws can only guarantee "in principle"; for the outcomes to be fully realized in practice, additional steps, including policy and budgetary measures will need to be in place.

2.b. Unit of measure

Proportion

2.c. Classifications

Adopted by 179 governments, the 1994 International Conference on Population and Development Programme of Action marked a fundamental shift in global thinking on population and development issues. It moved away from a focus on reaching specific demographic targets to a focus on the needs, aspirations and rights of individual women and men. The Programme of Action asserted that everyone counts, that the true focus of development policy must be the improvement of individual lives and the measure of progress should be the extent to which we address inequalities. For more information on

ICPD Programme of Action, please visit https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf.

3.a. Data sources

Indicator 5.6.2 is calculated based on official government responses collected through the United Nations Inquiry among Governments on Population and Development. The Inquiry, mandated by the General Assembly in its resolution 1838 (XVII) of 18 December 1962, has been conducted by the Secretary-General since 1963. All questions required for indicator 5.6.2 are integrated into Module II on fertility, family planning and reproductive health of the Inquiry.

3.b. Data collection method

The Inquiry is sent to the Permanent Missions by UN Population Division (DESA). UNFPA then follow-up with UNFPA Country Offices to facilitate the data submissions from national governments.

3.c. Data collection calendar

Baseline data is collected in 2019. Next data collection through the United Nations 13th Inquiry among Governments on Population and Development will be closed in March 2021. Further data collection will be scheduled every 4 years.

3.d. Data release calendar

Every 2-4 years.

3.e. Data providers

Data will be provided by relevant government ministries, departments and agencies.

3.f. Data compilers

UNFPA, in collaboration with UN Population Division.

3.g. Institutional mandate

The mandate of UNFPA, as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993, is (1) to build the knowledge and the capacity to respond to needs in population and family planning; (2) to promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) to assist their population problems in the forms and means best suited to the individual countries' needs; (4) to assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund.

At the International Conference on Population and Development (ICPD), held in Cairo in 1994, these broad ideas were elaborated to emphasize the gender and human rights dimensions of population. UNFPA was given the lead in helping countries carry out the Programme of Action adopted by 179 governments at the Cairo Conference. In 2010, the United Nations General Assembly extended the ICPD beyond 2014, which was original end date for the 20-year Programme of Action.

4.a. Rationale

Indicator 5.6.2 seeks to provide the first comprehensive global assessment of legal and regulatory frameworks in line with the 1994 International Conference on Population and Development (ICPD) Programme of Action[1], the Beijing Platform for Action[2], and international human rights standards[3]. The indicator measures the legal and regulatory environment across four thematic sections, defined as the key parameters of sexual and reproductive health care, information and education according to these international consensus documents and human rights standards:

Maternity care
Contraception and family planning
Comprehensive sexuality education and information
HIV and HPV

Each of the four thematic areas (sections) is represented by individual components, reflecting topics that are: i) critical from a substantive perspective, ii) span a broad spectrum of sexual and reproductive health care, information and education, and iii) the subject of national legal and regulatory frameworks. In total, Indicator 5.6.2 measures 13 components, categorized as follows:

SECTION I: MATERNITY CARE
Component 1. Maternity care
Component 2. Life-saving commodities
Component 3. Abortion

Component 4. Post-abortion care
SECTION II: CONTRACEPTION AND FAMILY PLANNING
Component 5. Contraception
Component 6. Consent for contraceptive services
Component 7. Emergency contraception
SECTION III: COMPREHENSIVE SEXUALITY EDUCATION AND INFORMATION
Component 8. CSE law
Component 9. CSE curriculum
SECTION IV: HIV and HPV
Component 10. HIV testing and counselling
Component 11. HIV treatment and care
Component 12. Confidentiality of health status for men and women living with HIV
Component 13. HPV vaccine

For each of the 13 components, information is collected on the existence of i) specific legal *enablers* (positive laws and regulations) and ii) specific legal *barriers*[4]. Such barriers encompass *restrictions* to positive laws and regulations (e.g. by age, sex, marital status and requirement for third party authorization), as well as *plural legal systems that contradict* co-existing positive laws and regulations. For each component, the specific enablers and barriers on which data are collected are

defined as the principle enablers and barriers for that component. Even where positive laws are in place, legal barriers can undermine *full and equal* access to sexual and reproductive health care, information and education; the methodology is designed to capture this.

The percentage value reflects a country's status and progress in the existence of national laws and regulations that guarantee full and equal access to sexual and reproductive health care, information, and education. By reflecting the "extent to which" countries guarantee full and equal access to sexual and reproductive health care, information and education, this indicator allows across country comparison and within-country progress over time to be captured.

---

1 United Nations (1994) International Conference on Population and Development: Programme of Action. Cairo, Egypt. ↑

2 United Nations (1995) Fourth World Conference on Women: Programme of Action. Beijing, China. ↑

3 CEDAW General Recommendation no. 24. Accessed online 24 May 2018: http://www.refworld.org/docid/453882a73.html; CEDAW General Comment no. 35 (2017). Accessed online 23 May 2018: http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf; CESCR General Comment no. 14. Accessed online 23 May 2018: http://www.refworld.org/pdfid/4538838d0.pdf; CESCR General Comment no. 20. Accessed 24 May 2018: http://www.refworld.org/docid/4a60961f2.html; CESCR General Comment no. 22. Accessed online 23 May 2018: https://www.escr-net.org/resources/general-comment-no-22-2016-right-sexual-and-reproductive-health; CRC General Comment No. 15. Accessed 24 May 2018: http://www.refworld.org/docid/51ef9e134.html; CRPD Articles 23 and 25. Accessed online 24 May 2018: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html. ↑

4 Legal barriers are not deemed applicable for the two operational components: C2: life-saving commodities and C9: CSE curriculum. ↑

4.b. Comment and limitations

Indicator 5.6.2 measures exclusively the existence of laws and regulations and their barriers. It does not measure the implementation of such laws/regulations. In addition, the 13 components are intended to be indicative of sexual and reproductive health care, information and education, instead of a complete or exhaustive list of the care, information and education. These components were selected because they were identified as key parameters according to international consensus documents and human rights standards.

4.c. Method of computation

The indicator measures specific legal enablers and barriers for 13 components across four sections. The calculation of the indicator requires data for all 13 components.

The 13 components are placed on the same scale, with 0% being the lowest value and 100% being the most optimal value. Each component is calculated independently and weighted equally. Each component is calculated as:

Ci: Data for component i

Ei: Total number of enablers in component i

ei: Number of enablers that exist in component i

Bi: Total number of barriers in component i

bi: Number of barriers that exist in component i

$Ci = \left(\frac{ei}{Ei} - \frac{bi}{Bi}\right) \times 100$

Value for Indicator 5.6.2 is calculated as *the arithmetic mean of the 13 component data*. Similarly, the value for each section is calculated as the arithmetic mean of its constituent component data.

4.d. Validation

Country consultation is conducted for every round of data collection. Indicator data and methodology are shared back with the national governments together with the original submissions. Indicator 5.6.2 relies on official responses provided by national governments. UNFPA may follow-up with national governments and request further information if the responses differ from country specific information on legal and regulatory developments on issues pertaining to respective mandates of key stakeholders including UN Country teams and UN agencies. UNFPA also encourages each country to establish a national validation committee to review and validate all input from the Inquiry.

4.e. Adjustments

No adjustments are made at the global level.

4.f. Treatment of missing values (i) at country level and (ii) at regional level

• At country level:

No imputation will be made for a country with missing data.

• At regional and global levels:

No imputation will be made at regional and global levels.

4.g. Regional aggregations

Global and regional aggregates are computed as unweighted averages of country-specific data for constituent countries.

4.h. Methods and guidance available to countries for the compilation of the data at the national level

Indicator 5.6.2 is calculated based on official government responses collected through the United Nations Inquiry among Governments on Population and Development. The Inquiry, mandated by the General Assembly in its resolution 1838 (XVII) of 18 December 1962, has been conducted by the

Secretary-General since 1963. All questions required for indicator 5.6.2 are integrated into Module II on fertility, family planning and reproductive health of the Inquiry.

4.j. Quality assurance

Indicator 5.6.2 relies on official responses provided by national governments. UNFPA may follow-up with national governments and request further information if the responses differ from country specific information on legal and regulatory developments on issues pertaining to respective mandates of key stakeholders including UN Country teams and UN agencies. UNFPA also encourages each country to establish a national validation committee to review and validate all input from the Inquiry.

5. Data availability and disaggregation

Data availability:

107 countries have complete or partial data for indicator 5.6.2, covering 75 percent of the world’s population. A total of 75 countries have complete data, allowing calculation of data for indicator 5.6.2.

Time series:

Not applicable

Disaggregation:

Data will be disaggregated by section and component. This will enable countries to identify the particular areas of sexual and reproductive health care, information and education in which progress is required.

6. Comparability/deviation from international standards

Sources of discrepancies:

Not applicable, as indicator 5.6.2 relies on official data provided by national governments, and no estimation is produced at the international level.

7. References and Documentation

https://www.unfpa.org/sdg-5-6